

SALVAGE THERAPIES FOR SCLC

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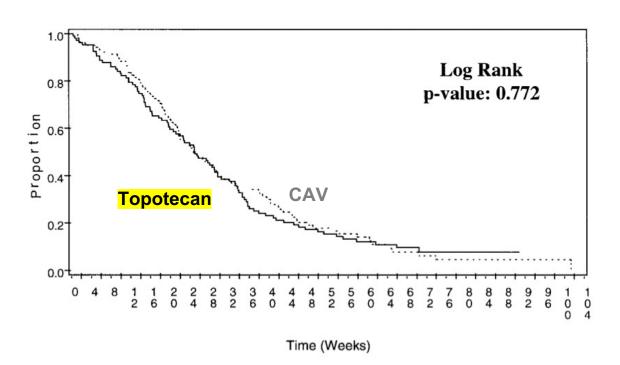




Topotecan: The Reluctant Standard



- Similar response rates: topotecan 24.3% and CAV 18.3% (P = .285).
- Overall median survival was 25.0 weeks for topotecan and 24.7 weeks for CAV (P = .795).
- Significant GI & hematologic toxicities (G4 neutropenia/NF, G3/4 anemia, G3/4 thrombocytopenia)





Photography Credit: Theresa Colbert

@Goinbrokeranch

von Pawel J, Schiller JH, Sheperd FA, et al. J Clin Oncol. 1999.



Relapsed SCLC: Decades of Disappointment



A phase II study of paclitaxel in heavily pretreated patients with small-cell lung cancer

EF Smit¹, E Fokkema¹, B Biesma², HJM Groen¹, W Snoek³ and PE Postmus²

Table 3 Response, time to progression and survival

	Number of patients	
Complete response	0	
Partial response	7 (29%; 95% CI 12-51%)	
Stable disease	5	
Progressive disease	9	
Early death	2	
Toxic death	1	
Response duration	Median (range) days 108 (64-243)	
Time to progression*	Median (range) days 65 (33-243)	
urvival** Median (range) days 100 (23–262)		

^{*}Seven patients non-evaluable (three patients with disease progression after one course; two ED and one TD); **three patients non-evaluable (two ED, one TD).

DISCUSSION

One of the key problems in the management of SCLC is to overcome the emergence of drug-resistant relapses. Few drugs or drug combinations are capable of effecting tumour regression in the setting of an early relapse, i.e. within 3 months off induction chemotherapy. Platinum-based combinations are probably most effective in this situation, but response rates and response duration of such regimens are disappointingly low (Andersen et al. 1990).

New drugs with new mechanisms of action are clearly needed for these poor prognosis patients.

Smit EF, et al. Br J Cancer. 1998.



Relapsed SCLC: A Call for Help



"The search for better treatments in relapsed SCLC is thus a high priority."

- Joan Schiller, M.D. (1997)

Schiller JH. Semin Oncol. 1997.



Relapsed SCLC: A Benchmark to Beat



ORIGINAL ARTICLE

A Systematic Analysis of Efficacy of Second-Line Chemotherapy in Sensitive and Refractory Small-Cell Lung Cancer

Taofeek K. Owonikoko, MD,* Madhusmita Behera, MS,* Zhengjia Chen, PhD,† Chandar Bhimani, MD,* Walter J. Curran, MD,‡ Fadlo R. Khuri, MD,* and Suresh S. Ramalingam, MD*

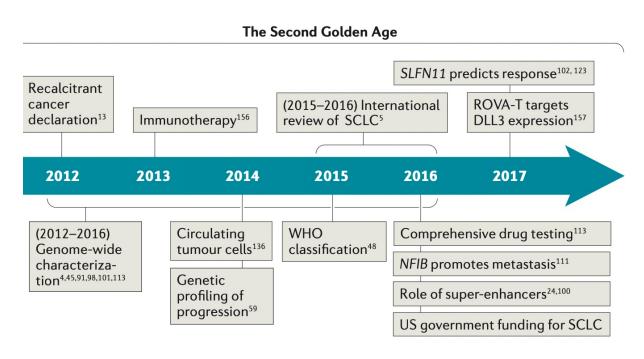
- Meta-analysis of 21 studies between 1984-2011
- 1,692 pts (53.9% platinum-sensitive, 46.1% platinum-resistant)
- Response rate by platinum-sensitivity: **27.7%** (-sensitive, S) vs. **14.8%** (-resistant, R) P = .0001
- Median overall survival: 7.7 (S) vs 5.4 months (R) P = .0035

Owonikoko TK, Madhusmita B, Chen Z, et al. J Thorac Oncol. 2012.



Relapsed SCLC: The Second Golden Age







Photography Credit: Theresa Colbert

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Gazdar AF, Bunn PA, Minna JD. Nat Rev Cancer. 1997.



Relapsed SCLC: A Beacon of Hope



Lurbinectedin

Selective inhibitor of transcription & TME

Phase 2 single-arm basket trial

- 105 pts with relapsed SCLC (2 or 3L)
- 3.2 mg/m² dose IV q3weeks
- 1° endpoint: Overall response rate = 35.2%
- Platinum-response: 45.0% (S) vs 22.2% (R)

Accelerated FDA approval (June 2020)
Confirmatory Phase 3 in SCLC (ongoing)

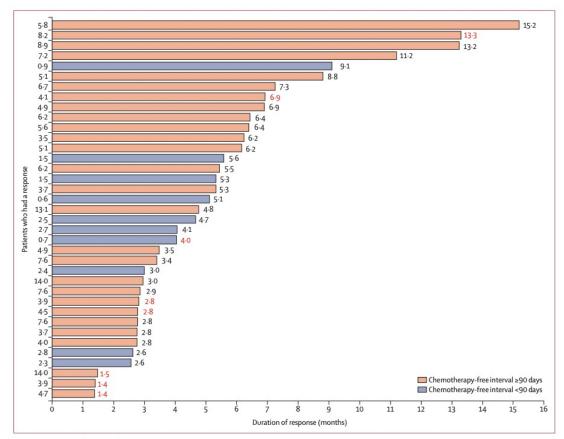


Figure 1: Duration of response by investigator assessment

Each bar represents a patient with SCLC who responded to treatment (n=37). Data shown on the left of each bar are the chemotherapy-free interval (months); data shown on the right of each bar are the duration of response (0 is the time of starting response). Data in red font refer to eight patients censored at the cutoff date: seven with no documented progression (under follow-up) and one who discontinued treatment due to an investigator's decision and then received further therapy. SCLC=small-cell lung cancer.

Trigo J, Subbiah V, Besse B, et al. Lancet Oncol. 2020.

NCT02454972

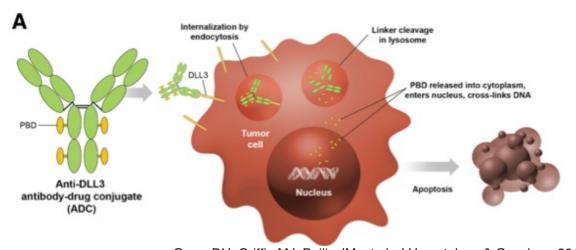






DLL3 Antibody Drug Conjugate (ADC)

- > ROVA-T
- TAHOE: 2L (vs Topotecan)
- MERU: 1L Maintenance (vs BSC)
- > Failed to demonstrate benefit



Owen DH, Griffin MJ, Bailis JM, et al. J Hematology & Oncology. 2019.

All That Glitters Is Not Gold: The Story of Rovalpituzumab Tesirine in SCLC

Dipesh Uprety, MD, FACP, Jordi Remon, MD, PhD, Alex A. Adjei, MD, PhD^{c,*}





DLL3 BiTEs

DLL3/CD3 IgG-like bispecific T-cell engagers

- > Tarlatamab
- > BI 764532

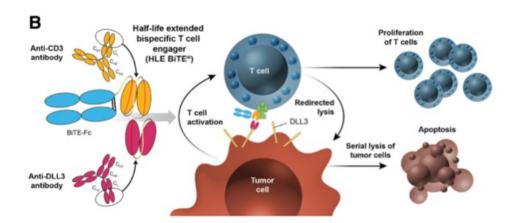
DLL3 TriTE

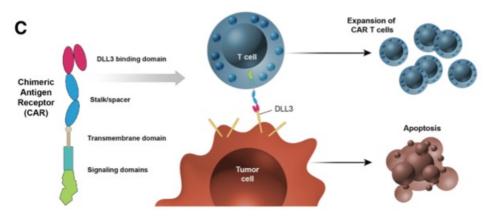
DLL3/CD3 IgG-like/albumin tri-specific T-cell engager

> HPN328

DLL3 CAR T Cell Therapy

AMG 119





Owen DH, Griffin MJ, Bailis JM, et al. J Hematology & Oncology. 2019.



Speaker: Misty Dawn Shields MD PhD, Indiana University, @drshieldsmd @TheShieldsLab



Tarlatamab/AMG 757

Phase 1 DeLLphi-300 (NCT03319940)

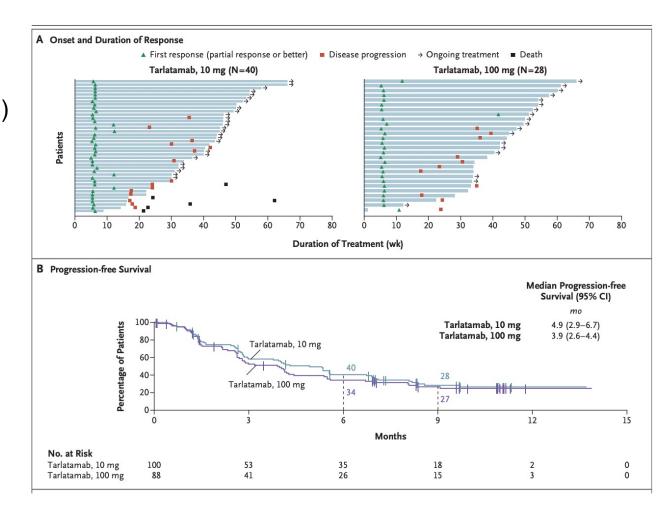
- 107 pts: 73 pts (dose exp), 34 pts (100 mg)
- ORR: 23.4%, mDOR: 12.3 months
- mPFS: 3.7 months, mOS: 13.2 months

Phase 2 DeLLphi-301 (NCT05060016)

- 220 pts: 10 mg or 100 mg cohorts q2w
- ORR: 40% (10 mg), 32% (100 mg)
- mDOR: >6 months in 59% pts

Phase 3 DeLLphi-304 (NCT05740566)

- 700+ pts: 2L vs SOC (lurbi, topotecan)
- 1° Endpoint: OS (active)



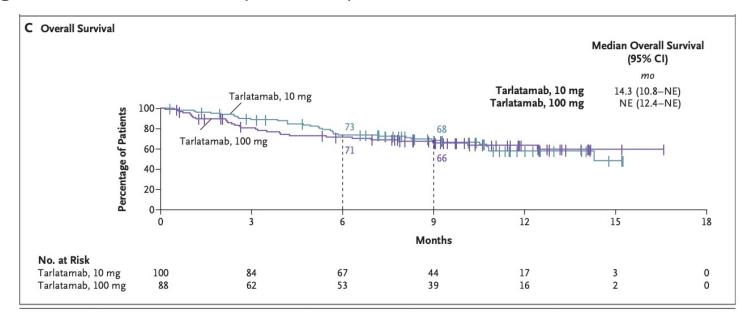
Ahn M-J, Cho BC, Felip E, et al. NEJM. 2023.





Tarlatamab/AMG 757

Stay Tuned: Under FDA Priority Review designation, the Prescription Drug User Fee Action (PDUFA) date for Tarlatamab is **June 12, 2024**



"Despite the many challenges, the results offer renewed hope to our patients."

-Pilar Garrido, MD PhD (2023)

Ahn M-J, Cho BC, Felip E, et al. NEJM. 2023.

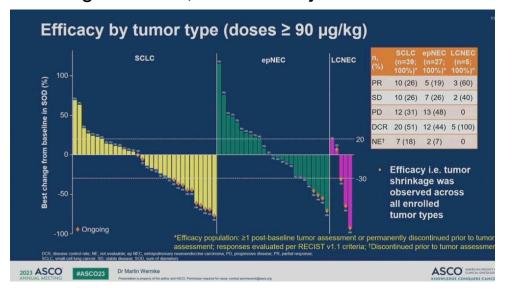


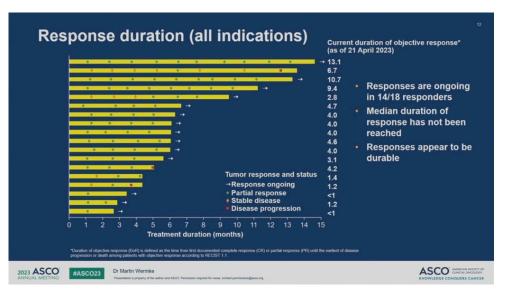


> BI 764532

Phase 1 first-in-human trial (NCT04429087)

- 107 pts: relapsed SCLC, LCNEC, epNEC
- 1° endpoint: MTD (not reached)
- 2° endpoint: PK/ORR (ORR: 25%, DCR: 52%)
- TRAE: Low-grade CRS, neurotoxicity





Presented by Dr. Martin Wermke at ASCO 2023

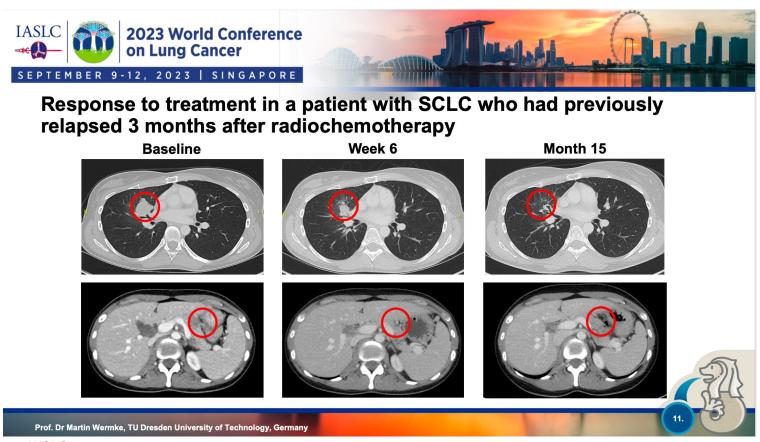


Speaker: Misty Dawn Shields MD PhD, Indiana University, @drshieldsmd @TheShieldsLab



> BI 764532

Phase 1 first-in-human trial (NCT04429087)



Presented by Dr. Martin Wermke at WCLC 2023

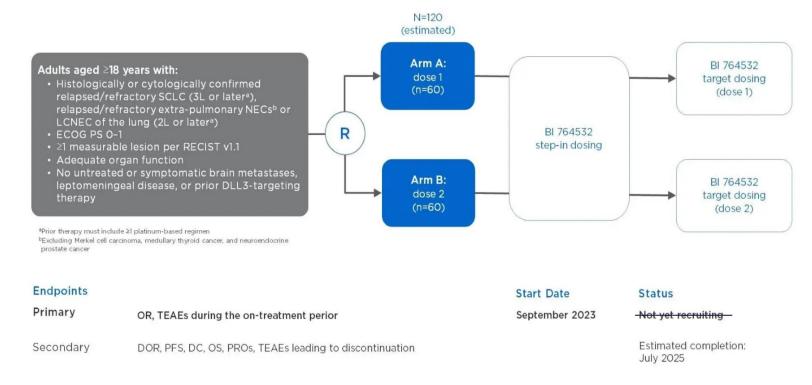




➤ BI 764532

Phase 2 1438-0005/DAREON-5 (NCT05882058)

3L SCLC, 2L LCNEC & epNEC (active)



Slide courtesy of BoehringerIngelheim.com



Relapsed SCLC: Light at the End of the Tunnel



Antibody Drug Conjugates

Trop2: Sacituzumab Govitecan (SG)

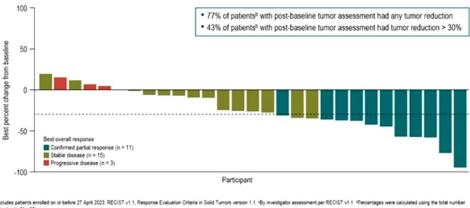
TROPiCS-03 - Phase 2 Basket Trial (NCT03964727)

- 30 pts: 2L ES-SCLC
- 10 mg/kg IV D1 and D8 q21days
- 1° endpoint: ORR: 37%
- DOR at 6 months: 63%
- DCR (confirmed CR, PR, SD): 87%
- Most common TEAE: any grade diarrhea, LANC

Efficacy by investigator assessment

Efficacy by INV ^a	ES-SCLC N = 30 ⁶
ORR [Confirmed CR + PR] (95% CI), %	37 (20-56)
BOR, n (%)	
Confirmed PR	11 (37)
SD	15 (50)
PD	3 (10)
DCR [Confirmed CR + PR + SD] (95% CI), %	87 (69-96)
CBR [Confirmed CR + PR + SD ≥ 6 months] (95% CI), %	40 (23-59)
Median DOR (95% CI), c.d months	6.3 (2.7-NR)
DOR rate at 6 months (95% CI), cd %	63 (14-89)

Best percent change from baseline in target lesions^a





Presented by Afshin Dowlati MD at ESMO 2023

OF LUNG CANCER

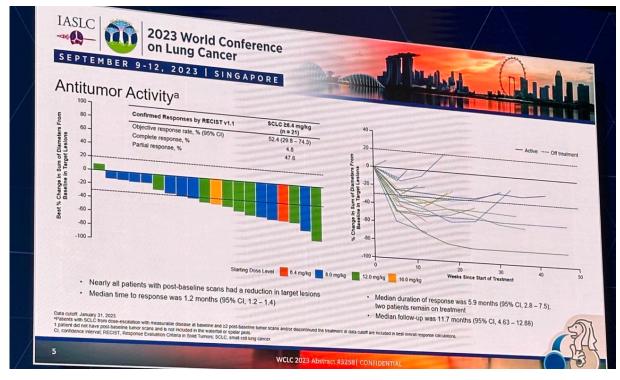
Relapsed SCLC: Light at the End of the Tunnel



Ifinatamab Deruxtecan "I-DXd" DS-7300

Phase 1/2 (NCT04145622)

- 22 pts SCLC: unselected for B7-H3
- >6.4 mg/kg
- ORR: 52.4% (4.8% CR, 47.6% PR)
- Median time to response: 1.2 months
- mDOR: 5.9 months
- TEAEs: any (100%), ILD (1), pneumonitis (1)



"I think for refractory SCLC—an area of unmet medical need — we have a potent new molecule."

-Melissa Johnson, MD (2024)

Presented by Melissa Johnson MD at WCLC 2023



Relapsed SCLC: A New Dawn



How do we identify new targets for relapsed SCLC, if tissue is limited?

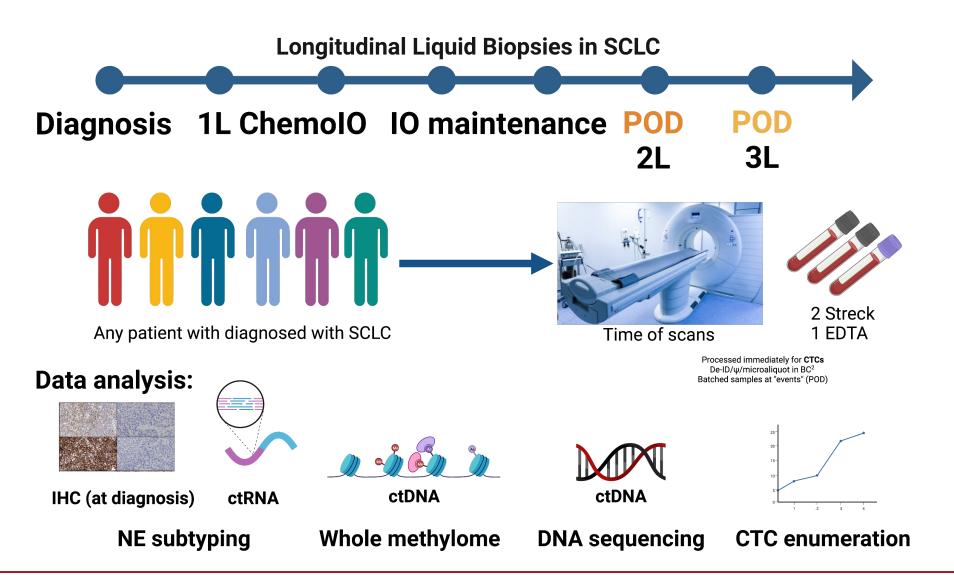
Presented by Melissa Johnson MD at WCLC 2023



Mechanisms of Acquired Chemoresistance in Oncology: SCLC (MACROS) Study Design

PI: Shields IUSCCC-0828







MACROS Team Members



BIOSPECIMEN COLLECTION & BANKING CORE



Ashley Alto

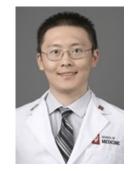


Myra Miller



Pam Rockey

Patient screening/consent Sample collection/long term storage



Dr. Weston He IU IM PGY-2

Clinical Annotation/ RedCap





Emily Sims
Flow cytometry



Mya Tran,
PharmD
Precision Genomics



Pathology



Dr. Muhammed Idrees Lee Ann Baldridge NE Subtypes IHC

Collaborations:



Dr. Max Diehn Stanford NE Subtypes



Multi-omics (DNA, RNAseq, Epigenetics)



Mount Sinai
Transcriptomic

Iranscriptomic
Immune Signatures



Emily Nelson

MACROS: Study Materials Collected to Date







First phase of samples submitted for multi-omic analysis



Closing Remarks: Breakthroughs on the Horizon



- Entering a NEW era of SCLC, where topotecan is no longer the reluctant SOC
- Lurbinectedin is an effective option, even in platinum-resistant SCLC
- DLL3 BiTEs show promising & durable responses, stay tuned!
- ADCs against Trop2, B7-H3, SEZ6 are effective in heavily pretx SCLC
- Longitudinal liquid biopsies may inform SCLC plasticity & identify novel targets



Photography Credit: Theresa Colbert

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